PTO/SB/06 (08-03) Approved for use through 7/31/2008. OMB 0551-0032
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I QR SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) RATE RATE FEE NUMBER EXTRA NUMBER FILED FOR 770. OR BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS minus 20 = (37 CFR 1.16(c)) INDEPENDENT CLAIMS OR \boldsymbol{C} minus 3 (37 CFR 1.18(b)) 2960 OR (37 CFR 1.16(d)) MULTIPLE DEPENDENT CLAIM PRESENT 500 W OR TOTAL TOTAL * If the difference in column 1 is less than zero, enter *0* in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 3) (Calumn 2) HIGHEST ADDI-CLAIMS RATE PRESENT RATE REMAINING NUMBER TIONAL TIONAL **EXTRA** AFTER AMENDMENT PREVIOUSLY FEE FEE LOMENT PAID FOR Minus OR Total (37 CFR 1.16(c)) 3 Minus OR Independent (37 CFR 1.16(b)) ш OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) TOTAL TOTAL QR ADD'L FEE ADD'L FEE (Column 3) (Column 2) (Column 1) CLAIMS HIGHEST RATE ADDI. ADDI+ PRESENT RATÉ NUMBER TIONAL 8 REMAINING TIONAL **EXTRA** PREVIOUSLY FEE AFTER FEE 07 EN AMENDMENT PAID FOR ,50° A5. 32 Minus OR Total (37 CFR 1, 16(c)) 33 NOM ×9200 100 9 3 Minus OR +360 ш 180_ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) TOTAL 6.5 ADD'L FEE OR ADD'L FEE (Column 3) (Column 2) (Column 1) HIGHEST ADDI-RATE CLAIMS ADDI-RATE PRESENT TIONAL NUMBER O REMAINING TIONAL FEE **EXTRA** PREVIOUSLY FEE AFTER AMENDMENT PAID FOR AMENDMENT Minus OR Total (37 CFR 1.16(c)) Independent (37 CFR 1.16(b)) Minus OR X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) TOTAL TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"I the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 3.

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